

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	63.9	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Manager Regulatory and Environmental		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		12/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NH0001465	002-A
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01/01/2018	01/31/2018

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MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	147.8	183.7	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	216.3	257.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

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LOCATION: 431 RIVER ROAD
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ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.7	*****	6.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	5.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

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FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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LOCATION: 431 RIVER ROAD
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ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	22.3	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Executive Director			(603)634-2440		3/13/2018
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CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	71.1	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Executive Director			(603)634-2440		03/13/2018
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MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	95.4	256.7	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00301 Oxygen, dissolved percent saturation: DO monitoring is not required during cold seasons. 00400 pH: The pH at Outfall 003 (Station S-0) was regularly measured below 6.5 SU during the beginning of the month. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring inlet pH at Station N-5 (see the attached data sheets), and any discrepancies were within the limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not

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MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.4	*****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	4.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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00556 Oil and Grease: There were no visible sheens detected during daily observations at the outfall. On 2/16, there was a very small sheen noticed within the cooling canal directly adjacent to the discharge culvert from the settling pond weir. Oil absorbent pads were used to remove the slight sheen from the canal which measured no larger than 3' x 5'.

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NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Executive Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17.9	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Manager Regulatory and Environmental		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	04/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit one hypochlorite system was taken out of service during weeks 1 and 3 - 5 due to a unit outage or maintenance. There were no samples collected or analyzed during this time period for outfall 001.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	33	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
(603)634-2440			04/13/2018		
Elizabeth Tillotson/ Manager Regulatory and Environmental			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit two hypochlorite system was taken out of service this month due to a unit outage or maintenance. There were no samples collected or analyzed during this time period for outfall 002.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.5	257.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Manager Regulatory and Environmental		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - The pH at Outfall 003 (Station S-0) was regularly measured below 6.5 SU during the middle two weeks of the month. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring inlet pH at Station N-5 (see the attached data sheets), and any discrepancies were within the limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.9	*****	7.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.56	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	6.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Manager Regulatory and Environmental		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Manager Regulatory and Environmental		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.8	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit one hypochlorite system was taken out of service during weeks 1-4 due to pump maintenance. There were no samples collected or analyzed during this time period for Outfall 001.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	59.3	184	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440	05/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - The unit two hypochlorite system was taken out of service during weeks 1-4 due to pump maintenance. There were no samples collected or analyzed during this time period for outfall 002.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.6	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88.1	257.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/5/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	12	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	5.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE	DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440	16/08/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Unit 1 did not operate this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440	16/08/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Unit 2 did not operate this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.7	SU		Continuous	Continuous
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.4	SU		Continuous	Continuous
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/6/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.4	SU		Continuous	Continuous
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.5	MGD	*****	*****	*****	*****		Continuous	Continuous
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	16/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was an outage of the continuous flow and pH monitoring equipment for 1 hour and 20 minutes on May 5 to repair a power line that was damaged by a storm.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	6/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.4	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	07/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The U1 hypochlorite system was taken out of service during weeks 1-4 due to a unit outage or maintenance. There were no samples collected or analyzed during this time period for outfall 001.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.3	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		07/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The U2 hypochlorite system was out of service for the entire month so no samples were collected or analyzed for Outfall 002.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.3	256.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) briefly dropped below 6.5 SU for a few days towards the end of the month. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring inlet pH at Station N-5 (see the attached data sheets), and any discrepancies were within the limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.51	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	4.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.1	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		8/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Sodium hypochlorite was not injected during weeks 2 thru 4 so no samples were collected or analyzed during this time period for Outfall 001.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.6	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	8/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Sodium hypochlorite was not injected during weeks 2 thru 4 so no samples were collected or analyzed during this time period for Outfall 002.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	35.9	256.7	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/8/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) frequently dropped below 6.5 SU during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.9	*****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	5.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	8/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/8/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 2				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.6	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		09/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - Oxidants, total residual: The U1 hypochlorite system was out of service for the entire month so there were no samples collected or analyzed for Outfall 001.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Twice per Month	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	44.9	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440	09/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 - Oxidants, total residual: The U2 hypochlorite system was out of service during weeks 1 and 4 so no samples were collected or analyzed during this time period for Outfall 002.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	56.5	259	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Manager Regulatory and Environmental		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/9/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - The pH at Outfall 003 dropped below 6.5 SU for several days in the beginning of the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.2	*****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	7.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	09/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/9/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Twice per Month	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.6	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The Unit 1 hypochlorite system was not run during weeks 3 thru 5 and so no samples were collected or analyzed during this time period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Twice per Month	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.7	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: The Unit 2 hypochlorite system was not run during weeks 3 thru 5 and so no samples were collected or analyzed during this time period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25.5	257.6	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.5	*****	7.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.64	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	6.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	35.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440	2/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite was used this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4	62.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		2/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite was used this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.5	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.5	64	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		2/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil & Grease: No visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	2.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00530 Solids, total suspended & 00556 Oil & Grease: Monthly grab samples were inadvertently not collected in October. Sampling responsibilities are being broadened and reassigned to ensure all samples are collected in the future.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	42.9	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		2/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	65.5	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		2/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	82	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.8	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111.5	258.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dropped below 6.5 SU for one day this month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and Compliance

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	6.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	8	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.1	6.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.7	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	43.9	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	104	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	72.7	257	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		11/14/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.4	*****	6.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.77	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	5.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2014
TYPED OR PRINTED				AREA Code	NUMBER

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

FIRE PROTECTION OVERFLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.7	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2440585	gal/d	*****	*****	*****	*****		Annual	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

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Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - A sample of the Unit 2 roof drain was collected and analyzed for pH on 3/2/18. The pH for this sample was 6.4 SU. A sample of rainwater collected on the same day was measured at 6.0 SU. Clearly the low pH of the outfall is due solely to naturally occurring conditions and is not a result of activities at Merrimack Station. Beyond this roof drain sample, the next lowest pH measurement collected at Outfall 004 during the year was 6.5 SU. As such, compliance was maintained since the single low reading was the result of naturally occurring

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

MAINTENANCE SUMP DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		11/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Outfall was not placed in service during 2018

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03304
MAJOR

STORMWATER SOUTHEAST YARD DRAI
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Outfall has been discontinued.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.4	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		12/14/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 | Oxidants, total residual: No hypochlorite was used during weeks 1 & 2 so no samples were collected or analyzed during this time period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	77.8	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		12/14/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 | Oxidants, total residual: No hypochlorite was used during weeks 1 & 2 so no samples were collected or analyzed during this time period.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	105	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.3	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	117.4	257.6	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/2/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 | Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	8.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	6.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/14/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.6	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		03/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was not injected during weeks 2 and 3 and so no samples were collected or analyzed during this time period for outfall 001.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28	182.8	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs			(603)634-2440		03/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was not injected during weeks 2 and 3 and so no samples were collected or analyzed during this time period for outfall 002.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	43.6	256.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.2	*****	8.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	4.9	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.7	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	04/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was not injected during weeks 3 thru 5 so no samples were collected or analyzed during this time period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	31.1	160.8	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	04/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: Hypochlorite was only injected during week 2 so no samples were collected or analyzed during the remaining weeks.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.4	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	53.8	209.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.44	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	6.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to an internal clock malfunction with the station computer on March 10, 24-hours of flow data were not recorded.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Unit 1 did not operate this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Unit 2 did not operate this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	5/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil and Grease - There were no visible sheens detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	5/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		06/14/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	34	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	06/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite was added this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	34.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/6/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was routinely recorded below 6.5 SU during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	6/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/6/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8	69.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/12/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	48	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		7/12/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.2	SU		Continuous	Continuous
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Continuous	Continuous
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	57.4	258.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/12/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU on a handful of days during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	6.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	6.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/12/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The recorder malfunctioned and recorded inaccurate data from June 10 to June 25. Daily grab samples were collected as possible during the period to help fill in the gap.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/12/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.7	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy			(603)634-2440		8/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	39.8	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			(603)634-2440		08/15/2019
		TYPED OR PRINTED			AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No sodium hypochlorite was added this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.9	257.7	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/8/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU on several days during the month. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement and

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	5.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	8/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	8/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	18.3	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy			(603)634-2440		09/13/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.2	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy			(603)634-2440		09/13/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.9	SU		Continuous	Continuous
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.3	SU		Continuous	Continuous
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.5	186.8	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/9/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU for brief periods during four days in August. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.8	*****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	4.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	09/13/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/9/13/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.6	37.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy			(603)634-2440		0/11/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		0/11/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.6	187	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/11/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) briefly dipped below 6.5 SU on three days in September. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.9	*****	9.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.002	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	3.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/11/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Director of Admin and Reg Policy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/11/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	59.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		1/15/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2	89.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		1/15/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No sodium hypochlorite was added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.1	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9	90.7	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dropped below 6.5 SU during the final week of October. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.1	*****	9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	3.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/15/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/16/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Unit did not run this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28.3	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		2/16/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	29.3	186.7	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) routinely dropped below 6.5 SU during the first half of November. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.2	*****	8.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	3.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	39.3	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	101	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.4	186.6	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) routinely dropped below 6.5 SU during the first half of December. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these low pH values were not the result of activities at Merrimack Station and so should not be recorded as violations in the Integrated Compliance Information System, Enforcement

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.2	*****	6.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.35	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	3.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

FIRE PROTECTION OVERFLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	6.7	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2440000	gal/d	*****	*****	*****	*****		Annual	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH - A sample of the Unit 2 roof drain was collected and analyzed for pH on 5/28/19. The pH for this sample was 5.9 SU. A sample of rainwater collected on the same day also measured 5.9 SU. Clearly the depressed pH of the outfall is due solely to naturally occurring conditions and is not a result of activities at Merrimack Station. Beyond this roof drain sample, the next lowest pH measurement collected at Outfall 004 during the year was 6.7 SU. As such, compliance was maintained since the single low reading was the result of naturally occurring

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

MAINTENANCE SUMP DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Maintenance sumps were not activated in 2019

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03304
MAJOR

STORMWATER SOUTHEAST YARD DRAI
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	Estimate

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Outfall has been discontinued

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.3	59.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite added this month

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	31.6	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		12/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.2	227.3	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/2/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil & Grease: No visible sheens were detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.5	*****	6.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.5	9.5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	4.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.4	60.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		03/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Weekly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.5	183.3	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		03/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	51.9	247.9	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/3/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH probe at Station S-0 was out of service from approximately 15:00 on 2/24 thru 09:00 on 2/28.00556 Oil & Grease: No visible sheens were detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	6.8	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		14/10/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	14/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	1.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/4/10/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil & Grease: No visible sheens were detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.7	*****	11	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.46	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	1.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		05/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		05/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/5/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil & Grease: No visible sheens were detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A sample was collected and analyzed for iron this month which yielded a result of 1.3 mg/l. This value exceeded the 1.0 mg/l limit so noncompliance notifications were submitted to EPA and DES in the form of emails dated April 24 and April 30. It is believed to have been the result of stormwater runoff with elevated iron concentrations dominating flow through the settling pond since little process water being added. This quarterly commitment will be reported in the Q2 DMR for Outfall 003A in the month of June.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	05/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	22.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE		DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		06/12/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The unit did not generate power and no hypochlorite was added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	7.8	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	06/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The unit did not generate power and no hypochlorite was added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	23.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/6/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil & Grease: No visible sheens were detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.8	2.4	MGD	*****	*****	*****	*****		Continuous	Continuous
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	6/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/6/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.2	50.6	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	17/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite was added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	152.1	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	17/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite was added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.7	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.6	201.8	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		7/09/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
00556 Oil & Grease: No visible sheens were detected during daily observations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.5	*****	8.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0026	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.3	mg/L	1	Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	5.8	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

01045 Total Iron: This noncompliance, related to stormwater runoff, was previously reported in the April DMR: "A sample was collected and analyzed for iron this month which yielded a result of 1.3 mg/l. This value exceeded the 1.0 mg/l limit so noncompliance notifications were submitted to EPA and DES in the form of emails dated April 24 and April 30. It is believed to have been the result of stormwater runoff with elevated iron concentrations dominating flow through the settling pond since little process water being added. This quarterly commitment will

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	7/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		08/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	32	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	8/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Unit did not operate and no sodium hypochlorite was added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.4	SU		Continuous	Continuous
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	SU		Continuous	Continuous
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	32.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	8/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU during most days this month. With no unit operations, the lack of cooling water flow from the station aggravated in-situ monitoring by creating stagnant conditions and allowing large beds of floating vegetation to encroach upon the equipment. Compliance was maintained with the permit however, as the effluent pH closely tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and any discrepancies were within the analytical limits of the equipment accuracy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.5	5.5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	8/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/8/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	09/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/9/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	8.5	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	8.3	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/9/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was recorded outside the range of 6.5 SU to 8.0 SU during many of the days this month. With both units off-line the entire month, the lack of cooling water flow from the station aggravated in-situ monitoring by creating stagnant conditions and allowing large beds of floating vegetation to encroach upon the monitoring equipment. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1	.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	09/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	/9/15/2020
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	25.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		0/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite was used

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING WATER-CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440		0/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & ASH SETTLE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO MIN	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	8.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	8	SU		Continuous	Recorder (auto)
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.026 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	25.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was recorded outside the range of 6.5 SU to 8.0 SU on three days during the month. With both units off-line, the lack of cooling water flow from the station aggravated in-situ monitoring by creating stagnant conditions and allowing large beds of floating vegetation to encroach upon the monitoring equipment. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were within the

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-ROUTINE OPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.6	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0031	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Quarterly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.44	mg/L		Quarterly	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	1.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	9 MO AVG	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

ASH SETTLING POND-CHEM CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.077 DAILY MX	mg/L		Daily	Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	0/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO PERMIT ISSUED ON JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONALPAGE FOR COMMENTS, EXPLANATION OF ANY VIOLATIONS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	26.3	*****	30.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	79.3	*****	86.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite was used this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-2 CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	93.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The unit did not generate power this month so no temperature data was collected.No hypochlorite was used this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & SLAG SETTLING POND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	14.1	*****	21	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.3	*****	69.9	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	80	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MINIMUM	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	8.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.5	93.6	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		1/23/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) was recorded outside the range of 6.5 SU to 8.0 SU on several days during October. With both units shut down for nearly the entire month, the lack of cooling water flow from the station may have aggravated in-situ monitoring by creating stagnant conditions and allowing river debris and vegetation to encroach upon the monitoring equipment. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

SLAG SETTLING POND INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

METAL CLEANING INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	1/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	21.7	*****	30.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	71.1	*****	86.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.8	67.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		2/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

34044 Oxidants, total residual: No hypochlorite was used this month so no TRO samples were collected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-2 CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	12	*****	12.8	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.5	*****	55	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.2	92.8	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		2/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite was used this month so no TRO samples were collected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & SLAG SETTLING POND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	13.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	44.8	*****	56.1	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MINIMUM	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.1	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.6	155.2	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) dipped below 6.5 SU during most days in the first half of the month. With both units shut down for nearly the entire month, the lack of cooling water flow from the station may have aggravated in-situ monitoring by creating somewhat stagnant conditions at the outfall. Compliance was maintained with the permit however, as the effluent pH mostly tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were within the analytical limits of the equipment accuracy and

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

SLAG SETTLING POND INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.7	*****	6.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	5.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	2/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03304
MAJOR

METAL CLEANING INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		2/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	18.2	*****	22.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.8	*****	71.9	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	18.9	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-2 CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	12.9	*****	24.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	55.2	*****	75.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.6	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Hypochlorite was not used this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & SLAG SETTLING POND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	5.7	*****	15.9	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	42.3	*****	60.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MINIMUM	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.9	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	57.5	255.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00400 pH: The pH at Outfall 003 (Station S-0) fell below 6.5 SU during several days in December. With both units shut down for most of the month, the lack of cooling water flow from the station may have aggravated in-situ monitoring by creating somewhat stagnant conditions at the outfall. Compliance was maintained with the permit however, as the effluent pH tracked the naturally occurring river pH at Station N-5 (see the attached data sheets), and discrepancies were within the analytical limits of the equipment accuracy and precision. As such, these pH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

SLAG SETTLING POND INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	3.8	*****	6.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	5.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-AQ
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

QUARTERLY COPPER MONITORING INTERM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0022	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs			(603)634-2440	11/14/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

METAL CLEANING INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

TOXICITY MONITORING OUTFALL 003
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74	mg/L		Quarterly	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		11/14/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached report for specific MDLs.Noael Statre 7Day Chronic Tests: GSP does not believe that chronic tests are required by the permit and has instead entered results reported for "A-NOEC."

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

TOXICITY MONITORING OUTFALL 003
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.089	mg/L		Quarterly	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1	mg/L		Quarterly	Composite
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41	mg/L		Quarterly	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite
Noael Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	Composite
TDA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite
Noael Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	Composite
TDM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		11/14/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached report for specific MDLs.Noael Statre 7Day Chronic Tests: GSP does not believe that chronic tests are required by the permit and has instead entered results reported for "A-NOEC."

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-TA
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

AMBIENT TOXICITY MONITORING OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13	deg C		Quarterly	Grab
00010 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Quarterly	Grab
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	55.4	deg F		Quarterly	Grab
00011 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Quarterly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.18	SU		Quarterly	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Quarterly	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12	mg/L		Quarterly	Grab
00900 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0011	mg/L		Quarterly	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		11/14/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached report for specific MDLs.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-TA
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03304
MAJOR

AMBIENT TOXICITY MONITORING OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.14	mg/L		Quarterly	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Elizabeth Tillotson/ Exec Dir of Admin and Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached report for specific MDLs.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	19.8	*****	21.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.6	*****	71	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.4	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

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Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
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LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-2 CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	13.1	*****	17.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	55.6	*****	63.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.8	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & SLAG SETTLING POND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	15.9	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	42.3	*****	60.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MINIMUM	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.2	257.6	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

SLAG SETTLING POND INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	7	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	5.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

METAL CLEANING INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	21.8	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	60.9	*****	71.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.9	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/12/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite was used this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-2 CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	13.7	*****	18.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56.7	*****	65.4	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	116.2	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/3/12/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & SLAG SETTLING POND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	9.2	*****	16.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	48.6	*****	61.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MINIMUM	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	173.6	257.4	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/12/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03304
MAJOR

SLAG SETTLING POND INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.1	*****	5.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	03/12/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03304
MAJOR

METAL CLEANING INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	3/12/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	12.8	*****	20.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	55.1	*****	68.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.1	68.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	69.1 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		4/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite was used this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIR. COOLING WATER MK-2 CONDENSER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	13.7	*****	24.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56.6	*****	76.4	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.1	183.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	187.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		4/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite was used this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

CIRC. COOLING H2O & SLAG SETTLING POND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	19.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	43.9	*****	66.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	deg F		Continuous	Recorder (auto)
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	102	*****	*****	%		Monthly	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MINIMUM	*****	*****	%		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.3	SU		Continuous	Recorder (auto)
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.03 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	63.4	257.5	MGD	*****	*****	*****	*****		Continuous	Calculated
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	265.3 MO AVG	275.4 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
34044 Oxidants, total residual: No hypochlorite added this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

SLAG SETTLING POND INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.3	*****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	5.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 MO AVG	13 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	14/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-AQ
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

QUARTERLY COPPER MONITORING INTERNAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0065	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson	TELEPHONE	DATE	
Elizabeth Tillotson/ Vice President			(603)634-2440	14/13/2021	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

METAL CLEANING INTERNAL OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

TOXICITY MONITORING OUTFALL 003
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61	mg/L		Quarterly	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0012	mg/L		Quarterly	Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Composite
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0051	mg/L		Quarterly	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		/4/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached report for specific MDLs.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

TOXICITY MONITORING OUTFALL 003
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13	mg/L		Quarterly	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16	mg/L		Quarterly	Composite
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73	mg/L		Quarterly	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Quarterly	Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite
Noael Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	Composite
TDA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite
Noael Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Quarterly	Composite
TDM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	%		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE	DATE
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	4/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached report for specific MDLs.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: GRANITE SHORE POWER MERRIMACK LLC
ADDRESS: MERRIMACK STATION
BOW, NH 03304
FACILITY: GRANITE SHORE POWER MERRIMACK LLC
LOCATION: 431 RIVER ROAD
BOW, NH 03304
ATTN: Allan Palmer

NH0001465	003-TA
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03304
MAJOR

AMBIENT TOXICITY MONITORING OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	deg C		Quarterly	Grab
00010 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Quarterly	Grab
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	42.8	deg F		Quarterly	Grab
00011 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Quarterly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.25	SU		Quarterly	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Quarterly	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	mg/L		Quarterly	Grab
00900 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.023	mg/L		Quarterly	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0013	mg/L		Quarterly	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Elizabeth Tillotson		TELEPHONE		DATE	
Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440		4/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Ammonia [as N] + unionized ammonia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.17	mg/L		Quarterly	Grab
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Elizabeth Tillotson/ Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)634-2440	14/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)